

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155203		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/21/2011	
NAME OF PROVIDER OR SUPPLIER  HILLCREST VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 203 SPARKS AVE JEFFERSONVILLE, IN47130			
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00097167.</p> <p>Complaint IN00097167 - Substantiated - Federal and State deficiencies related to the allegation are cited at F225 and F226.</p> <p>Survey Dates: October 17, 18, 19, 20, and 21, 2011</p> <p>Facility Number: 000110 Provider Number: 155203 AIM Number: 100271120</p> <p>Survey Team: Gloria J. Reisert, MSW/TC Avona Connell, RN Donna Groan, RN (10/17, 20, and 21, 2011)</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 03 Medicaid: 68 Other: 02 Total: 73</p>			F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for the survey ending October 21, 2011. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Sample: 15 Supplemental sample: 06</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2</p> <p>Quality review 10/25/11 by Suzanne Williams, RN</p>						

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F0225 SS=D	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure an allegation of missing televisions was immediately reported to state officials, along with the results of the investigation within 5</p>			F0225	F225 Requires the facility to ensure all allegations of misappropriation of resident's fund is immediately reported to state officials, along with the results of the investigation		10/28/2011

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	<p>business days, for 1 of 1 resident in a sample of 15 residents (Resident #A) and 1 of 6 supplemental residents in a supplemental sample of 6 residents (Resident #B) reviewed related to an allegation of missing televisions.</p> <p>Finding includes:</p> <p>During the daily exit meeting on 10/19/2011 at 1:50 p.m., the Administrator indicated there was a report back in August of two residents (Residents #A and B) who had their televisions go missing and through their investigation, they were unable to determine who might have taken them and they have since been replaced. She indicated she had not reported the missing televisions to the state agencies, as she did not think she had to since the investigation was inconclusive.</p> <p>During an interview with LPN #2 on 10/18/2011 at 11:00 a.m., she indicated there was a problem with some TVs having gone missing about two months ago, but could not recall which residents were missing them.</p> <p>On 10/20/2011 at 5:55 a.m., the Administrator presented a copy of the "Report of Concern" dated 8/28/2011 which addressed both Residents #A and</p>				<p>within five business days. The facility will ensure this requirement is met through the following:</p> <ol style="list-style-type: none"> <li>1. Resident #A and B were not harmed. Televisions were replaced to the residents by the facility and the state reportable regarding this issue was sent to the state officials during survey.</li> <li>2. All residents have the potential to be affected. The last three months of notice of concerns were reviewed to ensure no other issues were state reportable. No concerns noted meeting criteria. See below for corrective measures.</li> <li>3. The abuse/misappropriation of resident's fund policy and procedure was reviewed with no changes made. (See attachment A ) The staff was inserviced on the above procedure.</li> <li>4. All notice of concerns will be reviewed with the nurse consultant immediately upon receiving the concern to ensure that if the issue meets criteria for a state reportable that the state official is contacted immediately along with the results of the investigation within five business days. The administrator or her designee will utilize the state reportable audit tool (See attachment B) to review notice of concerns to warrant if they meet the criteria for a state reportable ongoing. The audit will be reviewed during the facility's quarterly quality assurance meetings and the plan of</li> </ol>		

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F0226 SS=D	<p>B. Review of this form indicated: "Nature of Concern: unable to locate TV that was in resident's room...Witness: Staff recall seeing a thin black man in [name of resident] room the day the TV was reported missing. A staff member reported seeing the television laying face down on dresser earlier in the day. Investigator's report: the writer was informed that [name of resident] TV was missing. I told staff to go ahead and file a police report... No one actually saw what happened to the television. Not sure it was taken or accidentally broke by a staff member &amp; 'covered up' by dispensing of TV. Follow up action: facility will replace TVs - family notified and agreed."</p> <p>This Federal tag is related to Complaint IN00097167.</p> <p>3.1-28(c) 3.1-28(d) 3.1-28(e) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to implement the policy and procedure for an allegation of misappropriation of resident property for 1 of 1 resident in a sample of 15 residents (Resident #A) and 1 of 6 residents in a</p>			F0226	<p>action will be adjusted accordingly, if warranted.</p> <p>5. The above corrective measures will be completed on or before October 28 th , 2011.</p> <p>F226 Requires the facility to implement the policy and procedure for an allegation of misappropriation of resident property. The facility will ensure this requirement is met through the following:</p> <p>1. Resident #A and B were not</p>		10/28/2011

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	<p>supplemental sample of 6 residents (Resident #B) reviewed related to an allegation of missing TVs.</p> <p>Findings include:</p> <p>During the daily exit meeting on 10/19/2011 at 1:50 p.m., the Administrator indicated there was a report back in August of two residents (Residents #A and B) who had their televisions go missing and through their investigation, they were unable to determine who might have taken them, and they have since been replaced. She indicated she had not reported the missing televisions to the state agencies, as she did not think she had to since the investigation was inconclusive.</p> <p>On 10/20/2011 at 5:55 a.m., the Administrator presented a copy of the "Report of Concern" dated 8/28/2011 which addressed both Residents #A and B. Review of this form indicated: "Nature of Concern: unable to locate TV that was in resident's room...Witness: Staff recall seeing a thin black man in [name of resident] room the day the TV was reported missing. A staff member reported seeing the television lying face down on dresser earlier in the day. Investigator's report: the writer was informed that [name of resident] TV was</p>				<p>harmd. Televisions were replaced to the residents by the facility and the state reportable regarding this issue was sent to the state officials during the survey.</p> <p>2. All residents have the potential to be affected. The last three months of notice of concerns were reviewed to ensure no other issues were state reportable. No concerns noted meeting criteria. See below for corrective measures.</p> <p>3. The abuse/misappropriation of resident's fund policy and procedure was reviewed with no changes made. (See attachment A ) The staff was inserviced on the above procedure.</p> <p>4. All notice of concerns will be reviewed with the nurse consultant immediately upon receiving the concern to ensure that if the issue meets criteria for a state reportable that the state official is contacted immediately along with the results of the investigation within five business days. The administrator or her designee will utilize the state reportable audit tool (See attachment B) to review notice of concerns to warrant if they meet the criteria for a state reportable ongoing The audit will be reviewed during the facility's quarterly quality assurance meetings and the plan of action will be adjusted accordingly, if warranted.</p> <p>5. The above corrective measures will be completed on or</p>		

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	<p>missing. I told staff to go ahead and file a police report... No one actually saw what happened to the television. Not sure it was taken or accidentally broke by a staff member &amp; 'covered up' by dispensing of TV. Follow up action: facility will replace TVs - family notified and agreed."</p> <p>At this time, the Administrator also presented a copy of the facility's current policy and procedure on "Abuse Prohibition, Reporting and Investigation." Review of this policy included, but was not limited to: "It is the policy of [name of corporation] that reports of abuse will be communicated to, and thoroughly investigated by, the correct authority....2. [name of corporation] will ensure all alleged violations, including...misappropriation of resident property are reported immediately to he administrator of the facility. Violations of the aforementioned will be reported to other officials in accordance with state law through established procedures (including the state survey and certification agency)...3. [name of corporation] will report all occurrences, which include abuse, within 24 hours of discovery, to the Long Term Care Division of the Indiana State Department of Health...Upon completion of the investigation, which must occur within 5 days of the reporting of an incident, a</p>				before October 28 th , 2011.		

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F0312 SS=D	<p>report of the investigation must be forwarded to the Long Term Division of the Indiana State Department of Health...Misappropriation of resident property - The deliberate misplacement, exploitation or the wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent...."</p> <p>This Federal tag is related to Complaint IN00097167.</p> <p>3.1-28(a)</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to provide personal hygiene as outlined in the facility policy to a dependent resident for 1 of 5 observations for 1 of 1 dependent resident observed in a sample of 15. (Resident #67)</p> <p>Findings include:</p> <p>On 10/20/11 the following was observed: At 6:57 a.m., Resident #67, was overheard calling out in a loud voice, "Take it off." Certified Nursing Assistant (CNA) #6, entered the room and</p>			F0312	<p>F312 Requires the facility to provide personal hygiene as outlined in the facility policy to a dependent residents. The facility will ensure this requirement is met through the following:</p> <ol style="list-style-type: none"> <li>Please note the CNA observed to have provided peri-care to Resident #67 was re-educated as to proper peri care procedure.</li> <li>As all residents have the potential to be affected. See below for corrective measures.</li> <li>The Perineal Care policy and procedure was reviewed with no changes made. (See attachment F) Nursing staff was inserviced on the</li> </ol>		10/28/2011



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	<p>indicated the resident wanted the abdominal binder off. At this time, the CNA checked the resident's brief and indicated it was wet with urine.</p> <p>The CNA washed her hands, put on gloves, and removed the wet brief from the resident.</p> <p>The resident assisted the CNA in positioning her on her left side. Using a wash cloth, the CNA washed the resident's buttocks. The CNA indicated she was using soap and water for the cleansing. She then dried the resident's buttocks with a towel.</p> <p>At 7:06 a.m., she placed a clean brief on the resident.</p> <p>At 10:45 a.m., the facility's "Quality Improvement Performance Procedure Perineal Care Procedure" was provided by the Director of Nursing and reviewed at this time.</p> <p>She indicated it "was the same as the facility policy."</p> <p>The procedure included, but was not limited to:</p> <p>" ____ Obtain necessary supplies.</p> <p>____ Explain procedure to resident and provide privacy.</p>				<p>above procedure.</p> <p>4. The DON or her designee will observe three peri-care procedures provided by staff daily and will utilize the perineal care check off sheet to ensure that perineal care is completed appropriately per policy daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter. Should concern be identified, immediate corrective action and re-education shall be taken (See attachment G). The audits and corrective actions taken will be reviewed during the facility's quarterly quality assurance meetings and the plan of action will be adjusted accordingly, if warranted.</p> <p>5. The above corrective measures will be completed on or before October 28th, 2011.</p>		

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	<p>_____ Wash hands (15 seconds)</p> <p>_____ Position resident (female) resident may be cleansed in supine position or in a side lying position if unable to adequately access the labia from supine position.</p> <p>_____ Apply gloves.</p> <p>_____ Remove disposable brief or pad, wiping off any excess feces with toilet paper or clean area of the brief/pad.</p> <p>_____ Remove soiled gloves and wash hands (15 seconds)</p> <p>_____ Wet clean cloth with water from sink or fill basin with warm water.</p> <p>_____ Apply clean gloves</p> <p>_____ Female: Using peri care product or soap and wet wash cloth, wash labia first. Always wash front to back. Be sure to spread labia and cleanse thoroughly. Rinse and dry. Turn the resident to side and cleanse the anal area."</p> <p>The CNA failed to remove gloves after removing the wet brief and wash her hands. She failed to rinse the soap from the resident's buttocks or spread the labia to cleanse the urine from the resident.</p>						

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F0456 SS=E	<p>In interview with the DON on 10/21/11 at 10:15 a.m., she indicated that CNA #6, had been checked off on providing incontinent care.</p> <p>Review of CNA #6's employee file on 10/21/11 at 10:30 a.m., indicated she was hired on 07/12/11, and on 07/14/11 was checked off on providing incontinent care.</p> <p>3.1-38(a)(3)(A)</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. Based on record review, interview and observation, the facility failed to ensure the hoyer lift batteries were charged according to manufacturer's instructions for 4 of 4 hoyer lifts. This affected 2 residents randomly observed (Resident #A and Resident #37) and had the potential to affect 23 residents who utilize the hoyer lifts.</p> <p>Findings include:</p> <p>On 10/18/11 at 5 p.m., while walking down the hallway, Resident #37 was seated in a wheel chair in the hallway and indicated, "There are not enough batteries - not on charge today - had to search 1/2 hour for one."</p>			F0456	<p>F456 Requires the facility to ensure the Hoyer lift batteries were charged according to manufacturer's guidelines. The facility will ensure this requirement is met through the following:</p> <ol style="list-style-type: none"> <li>1. The Hoyer lift batteries were inspected by maintenance to ensure they were in proper working order. The care of Residents A and #37 was not negatively affected.</li> <li>2. All residents who utilize the Hoyer lift have the potential to be affected, thus, the facility purchased extra batteries as back up so there would always be a battery charged for the Hoyer lift. See below for corrective measures.</li> <li>3. The Hoyer lift manufacturer's instructions were reviewed with no changes made. (See attachment H) Nursing staff and the maintenance department were inserviced on the</li> </ol>		10/28/2011

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	<p>On 10/20/11 at 6:35 a.m., the following was observed: CNA #5 indicated the lift battery was weak, during an observation of Resident #A being transferred from the bed to the chair while utilizing the hoyer lift. She informed maintenance and wrote up a report previously. CNA #5 went to the following areas accompanied by surveyor.</p> <p>6:44 a.m. Two batteries on 2 West were plugged in not working.</p> <p>6:48 a.m. On 2 East there were 3 batteries, 1 charged, 1 charging, 1 not working and reported to the Administrator and Maintenance, at this time.</p> <p>On 10/20/11 at 9:50 a.m., in interview with the Maintenance Contractor, he indicated there were no problems with charges. "The last problem was 9/29/11 and 1 or 2 batteries were not recharged.. Went around today battery completely dead and removed. I checked with the manufacturer, checked the existing charges and inserviced staff on charging the batteries."</p> <p>On 10/20/11 at 12:25 p.m., the Administrator indicated 1 battery was bad and there was 1 battery for every lift. At this time, the Director of Nursing indicated the CNA's told her the batteries were put on the chargers. Second shift was responsible to place the batteries back</p>				<p>above instructions.</p> <p>4. The nurse's aides will charge the Hoyer lift batteries at all times and the maintenance department will check the batteries to ensure they are charged and properly functioning each morning. The maintenance supervisor or his designee will utilize the Hoyer lift battery tool to ensure the batteries are charged daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter. (See attachment I) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of action will be adjusted accordingly, if warranted. The above corrective measures will be completed on or before October 28th, 2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155203		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/21/2011	
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	<p>onto the charges after residents had been laid down for the night. There was no documentation to support the batteries were being placed on the chargers after use.</p> <p>On 10/20/11 at 2:50 p.m., LPN #1 provided two Maintenance Work Orders, one dated 9/29/11 which included, but was not limited to, "Battery chargers on 2 east not working (hoyer batteries) High priority completed 9/29/11." Hand written note "Tested existing charger in op. Tested &amp; installed spare charger works GREAT!" The second was dated 10/18/11. "Battery packs for hoyer lifts are not charging no priority identified and or addressed."</p> <p>On 10/20/11 at 10:35 a.m., the Administrator provided the Manufacturer's Instructions for the use of the Patient Lift. The instructions included, but were not limited to: "Charging the Batteries: Note: Invacare recommends the battery be recharged daily to prolong battery life. Note: The charge LED will illuminate. When charging is complete, charge LED will stop illuminating. Note: A battery needing to be full recharged will take approximately four (4) hours."</p> <p>On 10/21/11 at 9:30 a.m., the</p>						

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	<p>Administrator, indicated more batteries were ordered, but not chargers. The Administrator indicated they currently have 5 operating batteries, 2 more were ordered, and would QA (Quality Assurance Program) the problem, and staff need to make administration aware of equipment failure.</p> <p>On 10/21/11 at 10:15 a.m., the Administrator provided the Equipment Records which included, but was not limited to: Invacare Reliant Model No. RPS-350-1 Monthly check Ran lift threw (sic) full operation. Cleaned wheels checked E - stop Inspection on wear and damages if any 8/29/11; Invacare Reliant Model No. RPA 450-1 Monthly check Ran lift full motion. Cleaned wheels. Inspected for wear or damage. Checked E-stop 8/29/11; Invacare Reliant Model No. RPS 350-1 Monthly ran lift full motion. Inspected for wear and damages checked E- Button 8/29/11; and Invacare Reliant Model No. RPA - 450-1 Monthly Ran lift full motion, checked E- stop Checked for wear and tear 8/29/11.</p> <p>On 10/21/11 at 2:55 p.m., the Director of Nursing provided a current list of 23 residents who utilized the hooyer lifts.</p> <p>3.1-19(bb)</p>						